I would like to start this article with a short introduction of the phenomenon of the paradox, and to be more specific, the paradox of the barber:

A barber lives in a village who shaves everyone and only the people who do not shave themselves. So who shaves the barber? If he shaves himself, he does not. If he does not shave himself, he does.

The innocent-looking job description is in fact logically impossible since the barber cannot, without contradicting the description for himself, belong either to the group who shave themselves or to the group who does not. A man fitting the description of the barber cannot (logically) exist. So there is no such barber. Paradox solved.

What on earth has a barber got in common with pharmacists? Nothing really, other than that (in the old days) they (and we) used to wear white jackets. A number of years ago, the PSSA and other organisations fought, on the insistence of its members and the government, to eliminate profit on medicine and to replace it with a professional fee. After considerable deliberation and calculation, and after a large amount of money was thrown into the pot, a tiered formula was devised which would leave pharmacists on the same income level at which they were positioned previously. Government did not accept the fee and published its own, which was eventually rejected by the Constitutional Court as being inappropriate. “Hooray!” said the leadership of the PSSA, who had been instructed by its members to fight this ridiculously unacceptable low fee on which they (the members) could not possibly survive. A number of years have now gone by and everyone is still complaining that the fee is too low and unsustainable. On a number of visits to pharmacists throughout the country, I asked them the question: Who is actually charging the fee? I can possibly count on one hand the number that replied that they are charging the current dispensing fee. This is despite the fact that there are a number of scheme options according to which the full four-tier fee can be charged.

Let me give you another example; that of codeine-containing products. For a number of years, the Medicines Control Council (MCC), perhaps under pressure from the United Nations Office on Drugs and Crime to lower South Africa’s use of codeine, has threatened to make all codeine-containing products available on prescription only. The result would be that patients will have to go to their doctors for a prescription every time they need a simple analgesic that contains codeine. As a result, the cost of health care will rise, considerable time will be lost through this exercise, pharmacists will lose the only over-the-counter (OTC) opioid that they have in their armamentarium of OTC analgesics, and that’s not forgetting the loss in income that will result for an already marginalised industry. So the Community Pharmacist Sector of the PSSA embarked on a process (the Codeine Care Initiative) that will empower pharmacists to retain control of codeine, while at the same time proving to the MCC that the pharmaceutical industry has the ability to self-regulate. Software vendors have been instructed to adapt their software, at considerable cost, to ensure that the impact on the dispensing practice is minimal. Participation in the programme is voluntary. The intention is that we need to show that we are a responsible profession. Yet members are reluctant to participate for fear of losing market share, or perhaps because they just don’t care anymore, saying: “Someone who sits behind a desk thought this out” and “Who is going to pay me to do this?” Dear colleagues, retaining sales is the same as getting paid for them. The people who thought of this are practising pharmacists, just like you!

The principle of the above two examples is the same for the pharmacy leadership. They are condemned if they do, and criticised if they don’t! Pharmacists have always been very independent people, and have become extremely sceptical of new innovations and ideas because often they have proved to be a waste of time. So, I suppose, I cannot blame them, but that leaves the leadership with the paradoxical dilemma of strategising for the future of pharmacy. Should we say that planning is a futile exercise as “Nobody will believe or implement it anyway” , and then if you don’t implement what we suggest say: “The PSSA is doing nothing for me”? Is it a case of the barber’s paradox, i.e. planning cannot logically exist, which leaves us with the dilemma ductu?

As we charge relentlessly towards 2015, I implore you to join us. Take hands with us in 2015, so that together we can mould the profession into the best that it can be. Before then, however, I wish all our members, their families and friends, as well as our supporters, peace, love, hope, health and happiness during the holiday season and the coming year.